

Chapter 4

Return Migration of Vietnamese Nursing Graduates: Trajectories of the First Batch of EPA Care Workers in Japan

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Chapter 4

Return Migration of Vietnamese Nursing Graduates: Trajectories of the First Batch of EPA Care Workers in Japan

Yoichi Hiruma, Yukari Amano, and Yuko O. Hirano

1. Introduction

Between 2014 and 2019, Viet Nam sent six batches of 966 nurse graduates to Japan under the Japan-Viet Nam Economic Partnership Agreement (JVEPA). This bilateral agreement offered Vietnamese nurse graduates the opportunity to enter a scheme wherein they could act as care workers in Japanese care facilities whilst studying to become national certified care workers in Japan.

After being selected for the JVEPA scheme, successful applicants underwent a year of group training, including about 1,500 hours of Japanese language learning and about 300 hours of sociocultural adaptation, in Viet Nam. Only nurses who had passed the Level 3 Japanese-Language Proficiency Test (JLPT) and demonstrated an understanding of conversational Japanese were able to migrate to Japan. Following placements lasting around 3 years and 6 months, in which candidates studied whilst working in care facilities, nurses who passed the national exam became certified care workers in Japan.

It is difficult for foreigners to pass the national exam in Japanese, and the pass rate of candidates from the Philippines and Indonesia was approximately 40% in the examination conducted in January 2018. While, Japanese passers of the national exam is 73.7%.³¹ However, the first batch of Vietnamese candidates had a pass rate of 93.7%, which was higher than the Japanese candidates' pass rate. Despite this, after becoming certified care workers, many Vietnamese nurses did not renew their residence status as Economic Partnership Agreement (EPA) care workers in Japan. Many returned to Viet Nam or applied for another residence status in Japan.

Previous studies on EPA care workers from Indonesia and the Philippines revealed that the primary reason for repatriation was their inability to pass the national examination. Studies have also suggested that this is a reflection of their dissatisfaction with care work in Japan (Kurniati et al., 2017; Vilog et al., 2020). However, it has been frequently reported that experience in Japanese care work does not increase candidates' employment opportunities in their home countries (Asai and Miyamoto, 2017). Therefore, this study proposes the following research questions:

³¹ See the Japanese Ministry of Health, Labor and Welfare (MHLW) website.
<https://www.mhlw.go.jp/content/12004000/000493552.pdf> (accessed 27 May 2020).

- (1) Why did Vietnamese care workers leave their occupations as certified care workers in Japan, despite having overcome various challenges and having passed the national exam?
- (2) Are Vietnamese care workers' experiences in Japan useful in terms of career options in Viet Nam?

2. Methods and participants

- (1) Researchers

Hiruma specialises in the cultural anthropology of Viet Nam, Hirano in sociology of health and illness, and Amano in nursing and care welfare.

2.1. Data survey

According to data provided by the Japanese Ministry of Health, Labour and Welfare,³² the trajectory of the first batch of Vietnamese candidates (from their selection to the present) is roughly as follows. The first batch was notified of the open recruitment in August 2012, and 124 applicants were selected in October 2012. Following the selection, these applicants underwent a year of group training in Viet Nam. This resulted in a total of 117 applicants, 115 who passed level N3 of the JLPT and 2 who had already obtained N2 of the JLPT (and thus were exempt from a year of group training) arrived in Japan in June 2014.

After arriving in Japan, these candidates underwent further group training consisting of 140 hours for Japanese language training and 140 hours for sociocultural adaptation; the main basis of the sociocultural training in Japan being practice in care work. Following 2 months of training, in August 2014, they began working in facilities across Japan. In the period leading up to the January 2018 national exam, 22 candidates (18.8% of the total) relinquished their EPA care worker status prior to the exam. The majority of them returned to Viet Nam, whilst some remained in Japan with a different residence status.

Vietnamese candidates had a pass rate of 93.7% in the national exam; 89 of the 95 candidates became certified care workers in Japan. Of the six candidates who failed the exam, four returned to Viet Nam, whilst the remaining two staying in Japan to re-take the exam in January 2019. Candidates who passed the national exam were able to continue working in Japan by renewing their residence status once every 3 years. If they returned to Viet Nam, they could re-enter Japan as an EPA care worker if they found employment in a care facility.

However, 24 of the certified care workers left their occupations by January 2019, within the year following the national exam. The majority of them returned to Viet Nam, whilst some remained in Japan with a different residence status. By January 2020, within 2 years of the national exam, 12 more certified care workers had left their occupations. Therefore, in the 5 years and 6 months following their arrival in Japan in 2014, 53 individuals (45.2% of the 117 candidates) remained in Japan and continued to work as EPA certified care workers, whilst 64

³² Based on the author's interview with an official from the MHLW in 2020.

individuals (54.8% of the total) left their occupations in Japan.

2.2. Questionnaire survey (quantitative survey)

Participants in this survey were the first batch of JVEPA care worker returnees (ex-EPA care workers).

The data were collected through an anonymous questionnaire (in Vietnamese), which was distributed online through the JVEPA's Facebook group. In addition, a snowball sampling method was employed. Data pertaining to demographic characteristics and candidates' current situations following their return from Japan were collected. Data pertaining to their reasons for returning to Viet Nam and their job satisfaction were measured using a four-point Likert scale. This was a joint survey distributed between February and December 2019.

The data of 17 participants who provided valid answers were analysed by Hiruma and Hirano.

2.3. Semi-structured individual interviews (qualitative survey)

A semi-structured interview (in Japanese) was conducted, with 11 participants (1 male and 10 female). This sample was obtained through a snowball sampling approach applied to the 17 respondents who provided valid answers in the quantitative survey.

After obtaining informed consent from the participants, who were aware of the content, method, and ethical considerations of the interview, the survey was conducted by the researchers (Hiruma and Amano) in a private room. The interviews were digitally recorded and then transcribed.

The transcriptions were thoroughly examined to obtain a clear overview. Multiple qualitative analyses were conducted pertaining to the participants' reasons for returning to Viet Nam, their career choices after returning, their perceptions of their experiences in care work in Japan, and their current occupations. To avoid any discrepancies resulting from the interpretation of the Japanese interview, one of the researchers (Hiruma) conducted interviews in Vietnamese with two participants and confirmed that there was no discrepancy.

Notably, three of the 11 participants became key informants (hereinafter, referred to as Ms. A, Ms. B, and Ms. C) for the researchers (Hiruma and Amano). The researchers conducted multiple in-depth interviews with these three informants in Japan and Viet Nam for over 5 years, beginning in 2014 (Hiruma and Amano, 2018; 2019). When interpreting the survey data, we utilised the deeper understanding gained from these continuous interactions with key informants.

This study was approved by the ethics committee of Nagasaki University, and informed consent was given by all prospective participants prior to entering the study.

3. Results

3.1. Quantitative findings

The sample group of 17 respondents comprised 13 females (76.4%) and 4 males (23.5%), with an age range of 27–32 years and an average age of 28.2 years.³³ Over half of the participants were married (58%). The number of years spent in nursing education was either 3 (76.4%) or 4 (23.5%) years. All respondents (100%) had JLPT N2 or higher in terms of Japanese language proficiency.

Table 4.1. Reasons for Returning to Viet Nam (multiple choice answers)

Reason for returning to Viet Nam	4 (agree)	3	2	1 (disagree)
Because I was not satisfied with my work in Japan	0	11.7	29.4	58.8
Because I could save money after I worked for a certain number of years in Japan	0	17.6	41.1	41.1
Because I wish to care for my family in Viet Nam	52.9	29.4	11.7	5.8
Because I want to spend my married life in Viet Nam	23.5	47	17.6	11.7
Because I wish to develop my career in Viet Nam	11.7	52.9	23.5	11.7
Because I felt tired after work when I was in Japan	5.8	23.5	29.4	41.1

Source: Original data of the author.

As shown in Table 4.1, many respondents indicated that their reasons for returning to Viet Nam were ‘Because I wish to care for my family in Viet Nam’ (82.3%) and ‘Because I want to spend my married life in Viet Nam’ (70.5%). Additionally, many respondents did not indicate that it was ‘Because I was not satisfied with my work in Japan’ or ‘Because I felt tired after work when I was in Japan’, with 88.2% and 70.5% disagreeing with these statements, respectively.

Regarding their current situation after returning to Viet Nam, the majority of the participants worked full-time (88.2%), and the frequency with which Japanese was used in their current occupations was ‘7 days a week’ (75%) and ‘2–3 days a week’ (25%). The purpose of using

³³ All respondents were already above the average age of first marriage for females (23.1 as of 2017). See the General Statistics Office of Vietnam website: https://www.gso.gov.vn/default_en.aspx?tabid=774 (accessed 27 May 2020).

Japanese in their workplaces was found to be in a teaching capacity (50%) and in interpretation and translation (31.2%).

Table 4.2. To What Extent Were You Satisfied with Your Working Conditions in the Following Situations in Japan? (multiple choice answers)

Job satisfaction	4 (satisfied)	3	2	1 (dissatisfied)
Salary and compensation	23.5	58.8	17.6	0
Relationship with Japanese colleagues	35.2	47	17.6	0
Relationship with Japanese employers (N=16)	18.7	43.7	31.2	6.2
Degree of autonomy as a health professional	23.5	52.9	23.5	0
Degree of pride in your work as a health professional	47.0	47.0	0	5.8
Strictness of work management at your workplace (N=16)	25.0	62.5	12.5	0
Content of your work	29.4	52.9	11.7	5.8
Working condition (N=16)	12.5	81.2	6.2	0
Overall, how satisfied were you with your work life in Japan?	23.5	70.5	5.8	0

Source: Original data of the author.

Table 4.2 illustrates that job satisfaction was high overall, but satisfaction in terms of their ‘relationship with Japanese employers’ (37.4%) was low. When asked whether they would like to go to Japan again if they had the chance, 10 of the 13 participants responded positively.

3.2. Qualitative findings

Following a qualitative analysis of the interviews, we chose to call the reasons for returning to Viet Nam ‘pull factors’ when there was a strong influence seen from the Vietnamese side and ‘push factors’ when there was strong influence seen from the Japanese side.

(1) Pull factors

The most common reasons for returning to Viet Nam were marriage, childbirth, and family care. Many participants wanted to meet their Vietnamese family’s expectations, despite their personal willingness to continue working and living in Japan. After completing a nursing

course lasting 3–4 years, it takes 5–5.5 years from application to the EPA programme to passing the national exam. Many Vietnamese women are expected to marry, have children, and care for them.

Informant 1 revealed, 'My family was worried about me being unmarried. They want me to be stable here. I still wanted to stay in Japan, but I decided to leave because of my family.' Informant 2 said, 'I returned to my home country to marry a man who I had been dating since college. He was waiting for me.' A third informant said: 'My child is small and often sick. I returned because of the child. [...] My mom was sick, too. My mother can't take care (of my child).' Many participants claimed they were expected to take care of their families. 'I returned to Viet Nam because my father was sick and no one was able to look after him', claimed Informant 4. Informant 5 said, 'Originally, I wanted to get married and continue living in Japan, but suddenly my boyfriend (an ex-EPA care worker) returned to Viet Nam because of his family (to care for them) [...] so I also returned to Viet Nam.'

Another pull factor that influenced the women's decisions to return was the kind of occupation they would find after returning to their home country. All 11 participants were engaged in the education and support (as interpreters, etc.) of young people who were willing to work in care facilities in Japan. Informant 6 revealed, 'If I didn't have this job, I would probably still be in Japan. [...] I want to work for this company most because I can use my knowledge of care work (obtained in Japan). Also, the treatment (salaries and benefits) is good.' Informant 3 claimed, 'This is a rewarding job. Since my childhood, my dream was to be teacher or a nurse; either was fine.'

(2) Push factors

There were also some factors on the Japanese side that encouraged participants to return to their home country. These were concerning their treatment and human relations in their workplace. Candidates' treatment under the EPA is based on their individual contract with their respective employment facility. Therefore, participants' salaries, holidays, the frequency and content of training, their living environments, etc. were not uniform.

One example of a 'push factor' caused by this in Japan was provided by Informant 7, who claimed her relationship with her teacher when studying for the national exam was unsatisfactory and tested her patience: 'Some 2nd and 3rd batch colleagues also returned to Viet Nam because they couldn't work with this person. I cried a lot and told the manager, but that upper (administrator) did not listen. I couldn't think of transferring to another facility because I had been there for 3–4 years (in that facility). So, I returned to Viet Nam.'

4. Discussions

4.1. Participant characteristics

The results described above seem to be related to two characteristics shared by participants in this study.

First, the characteristics of the participants in this study differ from those of previous studies in that all participants in this study passed the national exam. For example, the Indonesian returnees who participated in a study by Kurniati et al. (2017) had about a year of work experience in Japan and only 2 of the 15 participants passed the national exam. The participants of most of the previous studies were candidates who had not yet taken or could not pass the national exam, and these candidates voiced more dissatisfaction with care work in Japan, such as indicating that they were tired of care work in Japan (Vilog et al., 2020). Indeed, in the focus group discussion that we conducted with the first batch of Vietnamese care worker candidates in their second year in Japan (prior to taking the national exam), they expressed many negative opinions regarding care work in Japan, such as that they found it stressful to balance work and learning and that their nursing knowledge and experience was not utilised in their work in Japan (Hiruma and Amano, 2018). These facts led us to hypothesise that those who have passed the national exam have a more positive opinion of care work in Japan than those who have not yet taken the national exam or those who have not passed it. This is compatible with the results of a quantitative survey of returnee nurses and care workers (Hirano, Yoneno, Hiruma and Nugraha, 2021).

Second, almost all the participants in this study were women. We conducted interviews in a preliminary survey with two men, one of whom participated in this study, whilst the other was living in Japan with a non-EPA residence status. These two men were satisfied with their care work in Japan; however, they choose occupations that provided higher incomes and a better social status, rather than continuing to work as certified care workers.

The women's positive opinions of care work were based on their perception of the advanced knowledge and skills learned in Japanese care work and of its rewards. In addition, many expressed that they viewed it as stable work that was not overly challenging. For example, Informant 3 expressed, 'I thought the care work is good after passing (the national exam). [...] My salary goes up, and I have more guiding work. [...] If I am the one guiding, I don't have to do much (care work itself).'

4.2. Factors affecting the decision to return to Viet Nam

The reasons behind the candidates' return to Viet Nam are contextualised as follows.

The most important reasons were 'marriage and childbirth (child-rearing), family care and financial stability, expectations from their families and cultures that defined gender roles'. Amongst Vietnamese nurses, dissatisfaction with care work in Japan was not the main reason for returning to Viet Nam. Female participants wanted to meet the needs of their families and culture and prioritised marriage and childbirth (child rearing) due to their age.

These reasons for returning to their home country, such as marriage and family, have been identified by previous studies, such as in Indonesia (Efendi et al., 2013; King, 2020). However, we suggest that there is a context that is particular to the participants of this study.

In Viet Nam, there is a proverb which goes '*con gái mà gả chồng gần, có bát canh cần cũng đem cho*'. This translates to 'a daughter who marries near her parents brings even a vegetable soup.' As this proverb indicates, Vietnamese women are expected to live near their parents after marriage (Kato, 2019). However, it was not uncommon for participants to state, 'I want to return to Japan', even if they would not do so due to family expectations. Furthermore, one participant returned to Japan after this research period; therefore, it is necessary to conduct a follow-up study to observe the future trends.

Additionally, it is important to note that the participants were nursing graduates. One of the implications of this is that they were expected to play the role of a carer in their family. For example, Ms. B stated, 'The reason I decided to become a nurse was because my brother recommended that we have one nurse in the family because our mother had a chronic disease.'

This characteristic, of the candidates being nursing graduates, influenced their decision to return and find an occupation in Viet Nam. This is because they have a professional network of nurses, akin to the EPA candidates' Facebook group, in Viet Nam. For example, Ms. A, who did not return to Japan immediately after passing the exam, said, 'I have no experience working in Viet Nam, so I am not confident in educating or working with Vietnamese people.' After that, Ms. C, who had returned to Viet Nam earlier, invited Ms. A to work for the same company as her. Almost all participants in our interviews found their occupations through this professional network. Using this network helps them to share methods for properly utilising their knowledge, skills, and experiences and helps to alleviate anxiety after returning to Viet Nam. According to a study on Indian nurses in the United States, working-class migrant women tend to depend on family, kin, and local networks, but professional nurses use professional nursing networks from India, and these networks provide them with more opportunities (George, 2005). The results of the study are likely to be applicable to the ways in which the Vietnamese women utilised their own nursing network.

Previous studies on the EPA have rarely taken the existence of employment into account after candidates return to their home country as a deciding factor. Therefore, we would like to identify two contexts particular to the Vietnamese candidates on the basis of this fact.

The first of these contexts is that in Viet Nam, some companies that train and send care workers to Japan have recruited EPA care workers. This is because new migratory channels for elderly care have been developed in Japan (namely, the Technical Intern Training Program, international students in caregiving schools, and Specific Skilled Workers) since 2017. For example, according to Ms. A, her employment contract stated that her company duties were 'basic education in care work and Japanese language, curriculum creation for care work, etc.' and her salary included a 'care worker qualification allowance'. This kind of work fulfilled candidates' desire to utilise their unique experiences (as certified EPA care workers) in teaching others in Viet Nam. Informant 7 claimed, 'I want to be involved in education. [...] I

want to make the most of my four years of experience. [...] Some of the students I am teaching are graduates of nursing schools. One-third to one-half. I want to teach them so that they won't have any problems (in Japan).'

The second context is that the candidates considered Vietnamese young people's engagement in care work in Japan to be a positive choice. Informant 3 said, 'In reality (in Viet Nam), nobody is interested in care work. (But) if you go to Japan, you become interested.' Regarding their perceptions of the professional decision to shift from nursing to care work, Informant 1 shared, 'As the future society (of Viet Nam) will have increasing numbers of older people, I think that it will actually be necessary to do that job, so that people will not dislike care work. It will be like Japan.' Participants seemed to consider the shift in their career path, from nursing to care work, positively. This belief led them to consider teaching Japanese and care work to young people who wanted to go to Japan as rewarding work.

5. Conclusion

This study investigated EPA care workers' reasons for returning to Viet Nam and the current situation of the 17 participants from the first batch of EPA Vietnamese care workers who had returned to Viet Nam following their success in the national exam.

Due the sampling bias caused by the methodology of this study, we must be careful to apply the result of this study. Yet, this study indicated significant findings as follows.

As a result of the quantitative and qualitative surveys, the following three findings were revealed as the main reasons behind candidates' return to Viet Nam. First, the care work in Japan itself, the 'push factor', was not the main reason for returning to Viet Nam. Moreover, almost all participants stated their satisfaction with care work in Japan. Second, the important 'pull factors' for returning to Viet Nam were marriage and family (parent) care. In addition to Viet Nam's gender roles, we found that there is an aspect of taking responsibility of caring for their families because of being graduate nurses. Third, another important pull factor was their ability to find employment as teachers to train care workers who were going to Japan. It was also discovered that they found this employment opportunity through their professional networks. Furthermore, their decisions may also reflect their perceptions of the need for care work in Viet Nam in the future.

Future research should scrutinise why these JVEPA-certified care workers highly value the knowledge and skills learned in care work in Japan.

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